## AmeriCorps Instructional Support Team CONFIDENTIALITY FORM

I	Idren I am actional Support th anyone, other ne names of the ences. , and well as those of res with the
program director and acknowledge that I understand them and agree to al	oide by them.
I understand that I may not transport in any vehicle (my own or the children I am tutoring or who are served by the tutoring site.	site's) any
I realize that failure to comply with this agreement will result in the termination of my tutoring assignment.	
I understand I am bound to this agreement even after I have discontinued my service.	
AmeriCorps member's Signature	Date
Program Director	Date